

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012742	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/10/2016
NAME OF PROVIDER OR SUPPLIER RIVERVIEW SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1276 NORTH PLAZA DRIVE ROCKPORT, IN 47635		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for a State licensure survey. Facility Number: 012742 Dates: 5/9/16 to 5/10/16 QA: cjl 06/01/16	S 000		
S 153	410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(c) (5) (C) Require that the chief executive officer develop and implement policies and programs for the following: (C) Orientation of all new employees, including contract and agency personnel, to applicable center and personnel policies. This RULE is not met as evidenced by: Based on document review and interview, the governing body failed to ensure orientation of two contracted employees (P1 and P2). Findings: 1. Review of the policy titled Orientation and Training indicated the following: a. The orientation period is used to familiarize new employees with the mission and goals of the Center and to applicable organizational policies required for the provision of patient focused, high quality services. All non-employees refer to policy Chapter 2.07-Contract Approval and	S 153		6/30/16

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 153	Continued From page 1 Compliance for Medical Care. b. Policies were approved 5/5/15. 2. Review of the policy titled Contract Approval and Compliance for Medical Care indicated the following: The Administrator has oversight and will facilitate the process of reviewing, approving and ensuring compliance with all contract or arrangements...including, but not limited to, those concerning: a. The employment of or contracting of health care professionals - The provision of radiology services - The use of pathology, medical laboratory, and external laboratories - Environmental - Laundry - Other b. Policies were approved 5/5/15. 3. Review of personnel files for P1 and P2 lacked documentation of orientation to the facility or their job. 4. On 5/10/16 at 9:30 am, A1, Administrator, indicated the facility did not maintain documentation of orientation for contracted employees. A1 also indicated that P1 and P2 were contracted to perform services for the facility.	S 153		
S 230	410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(e)(5) The governing body is responsible for services delivered in the center whether or not they are delivered under contracts. The governing body shall do the following:	S 230		6/30/16

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S 230	<p>Continued From page 2</p> <p>(5) Provide for a periodic review of the center and its operation by a utilization review or other committee composed of three (3) or more duly licensed physicians having no financial interest in the facility.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the governing body failed to provide for periodic review of the center by a utilization review (UR) or other committee composed of three or more physicians having no financial interest in the facility between 1/2015 and present.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the document titled Utilization Review Committee/MEC (Medical Executive Committee) indicated MD1, MD8, MD9 and MD10 were members of the committee. Hand written documentation indicated MD6 and MD11 were added 5/5/15. 2. Review of the document titled Exhibit A to Operating Agreement, dated 6/1/15, indicated the following physicians had financial interest in the Center: MD1, MD8, MD9 and MD10. 3. Review of meeting minutes dated 1/5/16 titled PEER Review/MEC QAPI (Quality Assurance Performance Improvement) Meeting and minutes titled MEC Committee dated 9/16/15, 5/5/15 and 1/7/15 lacked documentation of UR by 3 or more licensed physicians without financial interest. 4. On 5/10/16 at 2:30 pm, A1, Administrator, indicated the MEC Committee and the UR 	S 230		

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S 230	Continued From page 3 Committee were the same and that the Center did not have 3 physicians without financial interest on the committee.	S 230			